STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965248	**02/21/2017**
NAME OF PROVIDER OR SUPPLIER **HOME FOR ALL THE ANGELS CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9270 SW 42 TERRACE** **MIAMI, FL 33165**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2017. Home for all the Angels Corp. (License # 9648) with Limited Mental Health component had deficiencies identified at the time of the survey:

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure that one of five sampled staff obtained a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses prior to providing care to these residents (Staff E).

Findings included:

Employee record review revealed that Staff E has been working at the facility since and she did not have the initial limited mental health training.

On at 11:18 am, the Administrator stated that Staff E would take the training on at 9 am.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965248	**02/21/2017**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the facility failed to provide documentation of a signed attestation of compliance with background screening for 5 out of 5 sampled employees (Staff A, B, C, D and E).

Findings included:

Review of the personnel file for Staff A, B, C, D and E revealed that there was no attestation of compliance with background screening for any employee.

On at 10:30 am the Administrator stated that she did not know that the form was needed.

Unclassified

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